



City of La Crosse, Wisconsin

APPLICATION FOR MOBILE SELLER

(Ch. 10, Article XVI)

Check One:

Direct Seller –door-to-door sales or sales on a public way

90-Day Temporary Permit Dates: _____

Annual For period January 1, 2024 to December 31, _____

(Note: door-to-door sales not eligible for annual permit)

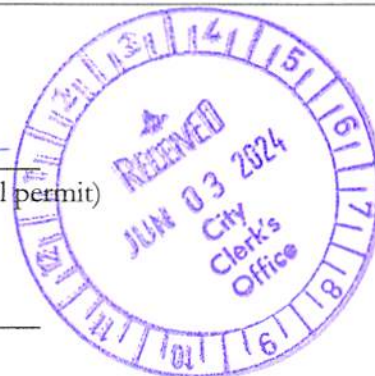
Transient Merchant – sales from fixed location

90-Day Temporary Permit Dates: _____

Annual For period January 1, _____ to December 31, _____

Check this box if this is a renewal or you have previously held this license.

Fee: \$ _____ +\$10/ID Badge for Door-to-Door Sellers Invoice No. _____



Applications must be received in the City Clerk's Office **at least fifteen (15) days** in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing. *A separate license is required for each transient merchant location.*

DWD Certificate of Registration: [] Required [] Provided on _____ [] Stamped on _____

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC that Applicant Represents, is Employed By, or Whose Food is Being Sold.

| | | |
|--|-------------|-------------------------|
| Legal/Real Name of Business: Chao Vue | Trade Name: | Years in Business: 5 |
|--|-------------|-------------------------|

| | | | |
|--|------------------|-------------|-------------------|
| Address of Above: Street 1548 George St | City Lacrosse | State WI | Zip Code 54603 |
|--|------------------|-------------|-------------------|

| | |
|---------------------------------|-----------------|
| Telephone Number: 6083994337 | Website: N/A |
|---------------------------------|-----------------|

APPLICANT INFORMATION – Person in Charge

| | | |
|---------------------|-------------|-------------|
| Name: First Chao | Full Middle | Last Vue |
|---------------------|-------------|-------------|

| | | | |
|---|------------------|-------------|-------------------|
| Permanent Address: Street 1548 George St | City Lacrosse | State WI | Zip Code 54603 |
|---|------------------|-------------|-------------------|

| | | | |
|---------------------------------|------|-------|----------|
| Temporary/Local Address: Street | City | State | Zip Code |
|---------------------------------|------|-------|----------|

| | |
|---------------------------------|-----------------------------------|
| Telephone Number: 6083994337 | Email: girlfrienzy@hotmail.com |
|---------------------------------|-----------------------------------|

The attached Personal Data Sheet must be completed for each officer/member of business, person in charge, individuals going door-to-door.

NATURE OF BUSINESS

Description of Vehicle used by Applicant in the Conduct of Business:

(License #) APF 4043 (Year) 2010 (Make) Honda (Model) addressy

Nature of business to be conducted and a brief description of the goods offered or services:

Farmer Market; sell fresh vegetables available at the time frame.

Proposed method of delivery of goods, if applicable.

DATES, TIMES, LOCATION(S) WHERE BUSINESS WILL BE CONDUCTED

Note: If on private property, written authorization from property owner is required.

| DATES | TIMES | LOCATIONS |
|------------------------|------------|------------------------------|
| Every Sat; 2024 summer | 6am to 1pm | 400 Lacrosse St, parking lot |
| | | |
| | | |
| | | |

MUNICIPALITIES WHERE APPLICANT HAS CONDUCTED SIMILAR BUSINESS

| | |
|------------------------|--|
| Date <u>06-08-2024</u> | Where <u>Onalaska Festival Foods parking lot</u> |
| Date <u>06-08-2024</u> | Where <u>Northside Shopko parking lot</u> |
| Date _____ | Where _____ |
| Date _____ | Where _____ |
| Date _____ | Where _____ |

The above hereby makes application for a Mobile Seller License within the City of La Crosse pursuant to Chapter 10, Article XVI of the Code of Ordinances of the City of La Crosse.

Under penalty provided by law, applicant certifies the above information is true, correct, and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state and federal laws in the conduct of the activities for which permit may be granted.

X Chao VME
Signature of Applicant

X 06-03-2024
Date

The issuance of a Mobile Seller License is conditional at all times. A permit may be revoked, suspended, or not renewed for violation of any provision of this chapter, or a violation of a statute, ordinance, or regulation substantially related to the permitted activity or when necessary to protect the public health, safety, or welfare; or to prevent a nuisance from developing or continuing.

PHOTOCOPIES OF THE FOLLOWING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:

- Photocopy of driver license for any individual going door-to-door.
(photo will be used for ID badge)
- WI Seller's Permit Number N/A
(Must be in the same legal/real name as applicant or business and a photocopy must be provided to the City Clerk's Office.)
- Vehicle Certificate of Registration/Licensing, if applicable.
- A local certificate of examination/approval from the sealer of weights & measures, if applicable.
- Certificate of Insurance along with a photocopy of the endorsement naming City of La Crosse as additional insured (a statement alone on the Certificate is not sufficient).
- Written authorization of the property owner(s) where business will be conducted, if applicable.
- Written authorization if selling within 100 feet of a permanent retail merchant during its operating hours. See 10-758(b)(12) La Crosse Municipal Code.

OFFICE USE ONLY

| | | |
|---|-------------|------------|
| Date Received in the City Clerk's Office: | Issue Date: | License #: |
|---|-------------|------------|



Certificate of Vehicle Registration

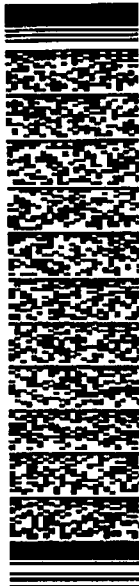
| | | | | | | |
|-------------------------------|--------------|---------|--------------|--------|---------------------|-----------------|
| Product Number | | | | | Registration Number | |
| 51585220814 | | | | | R4037L10039 | |
| Plate Number | Registration | Chassis | Gross Weight | Period | Color | Fleet No. |
| APF4043 | AUT AUT | TRUK | | A | BLACK | |
| Vehicle Identification Number | | | Year | Make | Expiration Date | Amount Received |
| 5FNRL3H75AB081033 | | | 2010 | HOND | 03/31/2025 | \$ 88.00 |

YEAR

THIS IS NOT A BILL

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:
 wisconsin.dmv.gov
 608-264-7447



VUE CHAO
 1548 GEORGE ST
 LA CROSSE, WI 54603-2217



Tired of misplacing or losing your renewal notices?

Sign up to receive your driver's license/identification card and vehicle license plate renewal notices by email and text.

eNotify (electronic notification) allows you to receive an email and text message in place of your paper renewal notices.

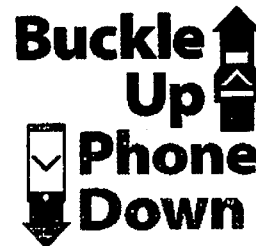
eNotify

For more information, go to:
wisconsin.dmv.gov/enotify

Do I need insurance?

Yes. In Wisconsin, you're required to have liability coverage for the vehicle you drive and carry proof of it when you are driving. If you don't, you can be fined up to \$500. If you are in an accident without the proper coverage, you may still be responsible for damages and lose your license.

Visit wisconsin.dmv.gov for more details.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|--|
| PRODUCER Veracity Insurance Solutions, LLC. 280 South 2500 West, Suite 303 Pleasant Grove, UT 84062 | INSURED Chao 1548 GEORGE ST La Crosse, WI 54603 |
| NAME: FLLP Program Support PHONE: (844)-520-6992 FAX: (844)-520-6992 EMAIL: info@llpprogram.com ADDRESS: info@llpprogram.com | INSURER A: Great American Alliance Insurance Co. NAIC #: 26832 |
| INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES
 CERTIFICATE NUMBER: PLF046122-F252408
 REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | APPL. SUBS. | INSUR. WORD | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS |
|--|-------------|-------------|-------------------|-------------------------------|-------------------------------|--|
| GENERAL LIABILITY | | | | | | |
| X COMMERCIAL GENERAL LIABILITY | | | | | | |
| CLASS-MADE X OCCUR | | | PLF046122-F252408 | 08/04/2024 | 08/04/2025 | 1,000,000 5,000 300,000 DAMAGE TO RENTED PREMISES (if occurrence) MED EXP (any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP CP AGG 2,000,000 ANNUAL BALEE |
| AUTOMOBILE LIABILITY | | | | | | |
| ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS | | | | | | |
| UNRENTED LAB | | | | | | |
| OCCUR | | | | | | |
| EXCESS LAB | | | | | | |
| CLAIMS MADE | | | | | | |
| RETENTIONS | | | | | | |
| DED | | | | | | |
| WORKERS COMPENSATION | | | | | | |
| AND EMPLOYERS' LIABILITY | | | | | | |
| ANY PROFESSIONAL PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED? | | | | | | |
| (Mandatory in MN) | | | | | | |
| DESCRIPTION OF OPERATIONS (If yes, describe under (Mandatory in MN)) | | | | | | |
| E1 DISEASE - POLICY LIMIT \$ | | | | | | |
| E1 DISEASE - FA FMP/OVER \$ | | | | | | |
| E1 FACH ACCIDENT | | | | | | |
| W/C STATIL TDRY LIMITS OTH. | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)

CERTIFICATE HOLDER

City of LaCrosse
400 LaCrosse St
LaCrosse, WI 54603

AUTHORIZED REPRESENTATIVE

[Signature]

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2014/01) © 1988-2014 ACORD CORPORATION. All rights reserved.
 The ACORD name and logo are registered marks of ACORD
 INS025 (201401)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s):

City of Lacrosse

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. SECTION II - WHO IS AN INSURED is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. in connection with your premises owned by or rented to you.

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III – LIMITS OF INSURANCE:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or
- 2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.